



STATE OF WASHINGTON
DEPARTMENT OF EARLY LEARNING

Date

Name
Address
City, ST Zip

Dear Name:

The Department of Early Learning received your child care application on Date. Thank you for your interest in providing child care in our state.

I will contact you to schedule a visit to your facility as soon as possible. If you have questions about the licensing process, please feel free to call me at number.

I am looking forward to working with you.

Sincerely,

Name
Child Care Licensors
cc